2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# N23061

Entity Name: PET PLACEMENT, INC.

Current Principal Place of Business:

2833 WOOD ST.
SARASOTA, FL 34237 US

New Principal Place of Business:

13225 M & J ROAD
MYAKKA CITY, FL 34251 US

Current Mailing Address:

P.O. BOX 22094
SARASOTA, FL 342765094 US

New Mailing Address:

FEI Number: 65-0014837 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VANDERCAR, REYNA
2833 WOOD ST.
SARASOTA, FL 34237

Name and Address of New Registered Agent:

GOODMAN, SUSAN
13225 M & J ROAD
MYAKKA CITY, FL 34251

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SUSAN GOODMAN 04/30/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VINCENT, WILLIAM
Address: 2022 LEE WYNN DR
City-St-Zip: SARASOTA, FL 34240

Title: PD ( ) Delete
Name: GOODMAN, SUE
Address: 1516 FOX CREEK DR.
City-St-Zip: SARASOTA, FL 34240

Title: T ( ) Delete
Name: VINCENT, MARSHA
Address: 2022 LEEWYNN DR.
City-St-Zip: SARASOTA, FL 34240

Title: D (X) Delete
Name: VANDERCAR, REYNA
Address: 2833 WOOD STREET
City-St-Zip: SARASOTA, FL 34237

Title: VP ( ) Delete
Name: FISHER, CHERYL
Address: 2560 SUNNYSIDE ST
City-St-Zip: SARASOTA, FL 34239

Title: S (X) Delete
Name: CHRISTENSEN, CATHERINE
Address: 5861 OLIVE AVE
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: GOODMAN, SUE
Address: 13225 M & J ROAD
City-St-Zip: MYAKKA CITY, FL 34251

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPS (X) Change ( ) Addition
Name: FISHER, CHERYL
Address: 2560 SUNNYSIDE ST
City-St-Zip: SARASOTA, FL 34239

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHA VINCENT T 04/30/2002
Electronic Signature of Signing Officer or Director Date